

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

## HOME OCCUPATIONAL LICENSE APPLICATION

**INSTRUCTIONS:** For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

### APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: BC PRODUCTIONS  
BUSINESS STREET ADDRESS: 10801 SW 4th Ct. DAVIE, FL ZIP 33328  
BUSINESS MAILING ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_  
DESCRIBE TYPE OF BUSINESS: FREELANCE AUDIO PRODUCTION / WEB DESIGN  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor ☒ Partnership \_\_\_\_\_

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>BRENT CARR</u>	<u>10801 SW 4th Ct</u>	<u>DAVIE, FL 33328</u>	<u>954-347-0283</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 03, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

BRENT CARR / SELF-PROPRIETOR  
OWNER  
Print Owner or Officers Name and Title

Brent Carr  
Signature of Owner or Officer

Office Use Only: Date <u>12/27/02</u> Category <u>05062</u> Fee Exempt per Sec. 13-13 _____ Fee <u>66.15</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>03-17911</u>	Control # <u>14683</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>Jat</u> Zoning <u>A-1</u> Date <u>1/3/03</u> (Hiatus 1st/03)
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____	